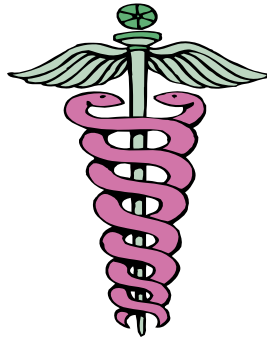




LANGSTON UNIVERSITY MEDICAL CENTER INFORMATION



FY 2006—2007
Senate Bill 787 Compliance
Medical Information
Vaccination Information
Medical Forms

Prepared by:
The Division of Student Services
Langston University
(405)466-3444
smadams@lunet.edu

An Equal Opportunity/Affirmative Action Employer

**LANGSTON UNIVERSITY MEDICAL CENTER**

Meningococcal Disease

The State of Oklahoma has enacted a new immunization requirement for college and university students.

Effective with the Fall 2004 semester, all new students, (including transfer students and graduate students), are required to comply with Section 3243 of Oklahoma Statutes Title 70. This requires that students who live in housing comply with one of the following options:

••• **Option A:** Be immunized for meningococcal disease

OR

••• **Option B:** After having reviewed information about meningitis provided by Langston University, decline the vaccination.

These choices will be part of the housing contract provide by Langston University Residence Life and must be completed prior to being allowed to move in housing.



Official Notice: Immunization Requirements for Langston University Students

Beginning with the fall semester 2004, Oklahoma state law requires that all new students who attend Oklahoma colleges and universities for the first time provide proof of immunization for certain diseases. If you cannot verify your immunizations you will need to be re-immunized. Medical, religious and personal exemptions are allowed by law and such requests must be made in writing using the Langston University Certificate of Exemption form.

Acceptable documentation of Immunizations includes any of the following:

Signature of a physician or nurse on this form, page 4, verifying the accuracy of submitted information.

Copies of shot records.

Copies of medical records.

Copies of school health records.

Copies of laboratory test results demonstrating immunity.

Immunizations Required by State Law

<u>Vaccination</u>	<u>Who must comply</u>	<u>Compliance Requirements</u>	<u>Compliance Date</u>
Meningitis*	All new students living in Campus housing	Proof of vaccination or signed declination	At move in
Measles, Mumps, Rubella, TWO DOSES	All new students born after January 1, 1957	Proof of vaccination with 2 doses of vaccine; or lab test demonstrating immunity; or, signed Certificate of Exemption	End of the fourth week of classes
Hepatitis B	All new students	Proof of completion of a Hep B Series or signed Certificate of Exemption	Minimum of first 2 shots by 6 th week of class; completion of series by 4 th week of the students semester

***Specific information regarding immunization for meningitis:**

Oklahoma Law requires that first time enrollees who reside in **on-campus student housing** be vaccinated against meningococcal disease **UNLESS**, 1) the individual signs a written waiver that he/she has reviewed the information provided by Langston University regarding meningitis immunization and has chosen not to be immunized, or, 2) in the case of a minor, the individual's parent or guardian signs such written waiver.

FAILURE TO COMPLY WITH THESE REQUIREMENTS WILL RESULT IN A HOLD BEING PLACED ON FUTURE ENROLLMENT

Some required immunizations are available at the University Medical Center

Certain students are also required to comply with Langston University requirements for tuberculosis testing.

Please bring completed forms with you to enrollment OR mail to:

Langston University Medical Center

P.O. Box 1500

Langston, Oklahoma 73050

(405) 466-3335

FAX (405) 466-3402

Information Regarding Tuberculosis Testing

All new students at Langston University are required to comply with a Tuberculosis testing policy. This policy affects all students based on residency and health status. This policy requires all students who meet any of the criteria below to provide evidence of having been tested for Tuberculosis within the six months prior to coming to Langston, OR by the fourth week of classes.

Who Must Comply

Students currently holding a visa from U.S. Immigration Service

A student who is a U.S. citizen currently or previously residing outside the U.S.

Students with a health/medical condition that suppresses the immune system

Students with known exposure to someone with active tuberculosis disease

If any of these apply to you, you will need to comply with the Tuberculosis testing requirement. For other students, this is a recommendation.

TO COMPLY:

Provide a medical record in English from a physician, clinic or hospital indicating that you have been tested for Tuberculosis or provide documentation of a negative chest x-ray within the previous 6 months. These records must include the date of the test(s) and the results of the test(s).

The following procedure for the skin test must be used.

0.1 ml of Purified Protein Derivative, (Mantoux), solution intradermally to the inner forearm.

Results must be read within 48-72 hours of administration. **Documentation must include date given, date read and results in mm.** Please document zero mm if no reaction.

OR

Submit to a TB skin test at University Health Services during the first four weeks of the semester.

OR

Provide a medical record indicating successful treatment for TB disease.

Please note: Having received BCG vaccination does NOT exempt you from the testing requirement.

If you have had a positive skin test, a chest x-ray is required to show the absence of active disease.

Failure to comply may prevent enrollment for your next semester.



LANGSTON UNIVERSITY MEDICAL CENTER

WHAT YOU NEED TO KNOW ABOUT MENINGITIS:

What is Meningitis?

- Meningitis is a rare but potentially fatal bacterial infection.
- It can occur in two forms as either meningococcal meningitis, an inflammation that affects the brain and spinal cord, or as meningococemia, the presence of bacteria in the blood.
- Permanent brain damage, hearing loss, learning disability, limb amputation, kidney failure, or death can result from the infection.

What causes Meningitis?

- This infection is caused by the bacterium *Neisseria meningitidis*, a leading cause of bacterial meningitis in older children and young adults in the U.S.

How is Meningitis transmitted?

- Meningococcal bacteria are transmitted through air droplets and direct contact with persons already infected with the disease.
- Direct contact also occurs with shared items, such as cigarettes or drinking glasses, or through intimate contact such as kissing.

Is there a vaccine to help prevent Meningitis?

- A safe, effective vaccine is available.
- The vaccine is 85% to 100% effective in preventing four kinds of bacteria (serogroups A,C,Y, and W-135) that cause about 70% of disease in the U.S.
- The vaccine is safe, with mild and infrequent side effects, such as redness and pain at the injection site lasting up to 2 days.
- After vaccination, immunity develops within 7 to 10 days and remains effective for any vaccine; vaccination against meningitis may not protect 100% of all susceptible individuals.

What are the early symptoms of Meningitis?

- High fever
- Rash
- Vomiting
- Severe Headache
- Neck stiffness
- Lethargy
- Nausea
- Sensitivity to light
- Meningitis usually peaks in late winter and early spring, overlapping flu season, and symptoms can easily be mistaken for the flu
- Because the infection progresses quickly, students should seek medical care immediately if 2 or more of these symptoms occur at one time
- If untreated, meningitis can lead to shock and death within hours of the first symptom

Who is at risk?

- College students, particularly freshmen who live in campus residence halls.
- Anyone in close contact with a known case
- Anyone with an upper respiratory infection, with a compromised immune system
- Anyone traveling to endemic areas of the world where meningitis is prevalent.

MEASLES MUMPS & RUBELLA

VACCINES

WHAT YOU NEED TO KNOW

1. Why get vaccinated?

Measles, mumps, and rubella are serious diseases.

Measles

- Measles virus causes rash, cough, runny nose, eye irritation, and fever.
- It can lead to ear infection, pneumonia, seizures (jerking and staring), brain damage, and death.

Mumps

- Mumps virus causes fever, headache, and swollen glands.
- It can lead to deafness, meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, and rarely, death.

Rubella (German Measles)

- Rubella virus causes rash, mild fever, and arthritis (mostly in women).
- If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

You or your child could catch these diseases by being around someone who has them. They spread from person to person through the air.

Measles, mumps, and rubella (MMR) vaccine can prevent these diseases.

Most children who get their MMR shots will not get these diseases. Many more children would get them if we stopped vaccinating.

2. Who should get MMR Vaccine and when?

Children should get 2 doses of MMR vaccine:

- ✓ **The first at 12 – 15 months of age**
- ✓ **and the second at 4 - 6 years of age.**

These are the recommended ages, but children can get the second dose at any age, as long as it is at least 28 days after the first dose.

Some **adults** should also get MMR vaccine: Generally, anyone 18 years of age or older, who was born after 1956, should get at least one dose of MMR vaccine, unless they can show that they have had either the vaccines or the diseases.

Ask your doctor or nurse for more information

MMR vaccine may be given at the same time as other vaccines.

3. Some people should not get MMR vaccine or should wait

- People should not get MMR vaccine who have ever had a life-threatening allergic reaction to **gelatin**, the antibiotic **neomycin**, or a **previous dose of MMR vaccine**.

- People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting MMR vaccine.
- Pregnant women should wait to get MMR vaccine until after they have given birth. Women should avoid getting pregnant for 4 weeks after getting MMR vaccine.
- Some people should check with their doctor about whether they should get MMR vaccine, including anyone who:
 - Has HIV/AIDS, or another disease that affects the immune system
 - Is being treated with drugs that affect the immune system, such as steroids, for 2 weeks or longer.
 - Has any kind of cancer
 - Is taking cancer treatment with x-rays or drugs
 - Has ever had a low platelet count (a blood disorder)
- People who recently had a transfusion or were given other blood products should ask their doctor when they may get MMR vaccine.

Ask your doctor or nurse for more information.

4. What are the risks from MMR vaccine

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of MMR vaccine causing serious harm, or death, is extremely small.

Getting MMR vaccine is much safer than getting any of these three diseases.

Most people who get MMR vaccine do not have any problems with it.

Mild Problems

- Fever (up to 1 person out of 6)
- Mild rash (about 1 person out of 20)
- Swelling of glands in the cheeks or neck (rare)

If these problems occur, it is usually within 7-12 days after the shot. They occur less often after the second dose.

Moderate Problems

- Seizure (jerking or staring) caused by fever (about 1 out of 3,000 doses)
- Temporary pain and stiffness in the joints, mostly in teenage or adult women (up to 1 out of 4)
- Temporary low platelet count, which can cause a bleeding disorder (about 1 out of 30,000 doses)

Severe Problems (Very Rare)

- Serious allergic reaction (less than 1 out of a million doses)
- Several other severe problems have been known to occur after a child gets MMR vaccine. But this happens so rarely, experts cannot be sure whether they are caused by

the vaccine or not. These include:

- Deafness
- Long-term seizures, coma, or lowered consciousness
- Permanent brain damage

5. What if there is a moderate or severe reaction?

What should I look for?

Any unusual conditions, such as a serious allergic reaction, high fever or behavior changes. Signs of a serious allergic reaction include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness within a few minutes to a few hours after the shot. A high fever or seizure, if it occurs, would happen 1 or 2 weeks after the shot.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form. Or call VAERS yourself at 1-800-822-7967 or visit their website at <http://www.vaers.org>

6. The National Vaccine Injury Compensation Program

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help you pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit the program's website at <http://www.hrsa.gov/osp/vic>

7. How can I learn more

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department immunization program.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-2522 (English)
 - Call 1-800-232-0233 (Español)
 - Visit the National Immunization Program's website at <http://www.cdc.gov/nip>

LANGSTON UNIVERSITY

WHAT YOU NEED

TO KNOW

HEPATITIS B VACCINE

1. Why get vaccinated?

Hepatitis B is a serious disease.

The hepatitis B virus (HBV) can cause short-term (acute) illness that leads to:

- Loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

It can also cause long-term (chronic) illness that leads to:

- Liver damage (cirrhosis)
- Liver cancer
- Death

About 1.25 million people in the U.S. have chronic HBV infection.

Each year it is estimated that:

- 80,000 people, mostly young adults, get infected with HBV
- More than 11,000 people have to stay in the hospital because of hepatitis B
- 4,000 to 5,000 people die from chronic hepatitis B

Hepatitis B vaccine can prevent hepatitis B. It is the first anti-cancer vaccine because it can prevent a form of liver cancer.

2. How is hepatitis B virus spread?

Hepatitis B virus is spread through contact with the blood and body fluids of an infected person. A person can get infected in several ways, such as:

- by having unprotected sex with an infected person
- by sharing needles when injecting illegal drugs
- by being stuck with a used needle on the job
- during the birth when the virus passes from an infected mother to her baby

About 1/3 of people who are infected with hepatitis B in the United States don't know how they got it.

3. Who should get hepatitis B vaccine and when?

- 1) Everyone 18 years of age and younger
- 2) Adults over 18 who are at risk

Adults at risk for HBV infection include:

- people who have more than one sex partner in 6 months
- men who have sex with other men
- sex contacts of infected people
- people who inject illegal drugs
- health care and public safety workers who might be exposed to infected blood or body fluids
- household contacts of persons with chronic HBV infection
- hemodialysis patients

If you are not sure whether you are at risk, ask your doctor or nurse.

✓ **People should get 3 doses of hepatitis B vaccine according to the following schedule.**

If you miss a dose or get behind schedule, get the next dose as soon as you can. There is no need to start over.

Hepatitis B Vaccination Schedule	WHO?			
	Infant whose mother is Infected with HBV	infant whose mother is not infected with HBV	Older child adolescent, or adult	
W	First Dose	Within 12 hours at birth	Birth-2months of age	Anytime
H				
E	Second Dose	1-2 months of age	1-4 months of (at least 4 months after first dose)	1-2 months after first dose
N				
?	Third dose	6 months of age of age	6-18 months of age	4-6 months after first dose

-The second dose must be given at least 1 month after the first dose.

-The third dose must be given at least 2 months after the second dose and at least 4 months after the first.

-The third dose should not be given to infants under 6 months of age, because this could reduce long-term protection.

4. Some people should not get hepatitis B vaccine or should wait.

People should not get hepatitis B vaccine if they have ever had a life-threatening allergic reaction to **baker's yeast** (the kind used for making bread) or to a **previous dose of hepatitis B vaccine**.

People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting hepatitis B vaccine.

Ask your doctor or nurse for more information.

5. What are the risks from hepatitis B vaccine

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of hepatitis B vaccine causing serious harm, or death, is extremely small.

Getting hepatitis B vaccine is much safer than getting hepatitis B disease.

Most people who get hepatitis B vaccine do not have any problems with it.

Mild problems

- Soreness where the shot was given, lasting a day or two (up to 1 out of 11 children and adolescents, and about 1 out of 4 adults).
- Mild to moderate fever (up to 1 out of 14 children and adolescents and 1 out of 100 adults)

Severe problems

- Serious allergic reaction (very rare)

6. What if there is a moderate or severe reaction

What should I look for?

Any unusual condition, such as a serious allergic reaction, high fever or unusual behavior. Serious allergic reactions are extremely rare with any vaccine. If one were to occur, it would be within a few minutes to a few hours after the shot. Signs can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor or get the person to a doctor right away.
- Tell your doctor what happened, the date an time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form. Or call VAERS yourself at 1-800-822-7967 or visit their website at <http://www.vaers.org>.

7. The National Vaccine Injury Compensation Program

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help you pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit the program's website at <http://www.hrsa.gov/osp/vicp>

8. How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department's immunization program.
- Contact the Centers for Disease Control and Prevention (CDC):

-Call 1-800-232-2522 or 1-888-443-7232 (English)
 -Call 1-800-232-0233 (Español)
 -Visit the National Immunization Program's website at <http://www.cdc.gov/nip> or CDC's Division of Viral Hepatitis website at <http://www.cdc.gov/hepatitis>



LANGSTON UNIVERSITY MEDICAL CENTER

All new students must complete both pages of this form

Medical History (Part 1)

P.O. Box 1500
Langston, Oklahoma 73050
(405) 466-3335

Please indicate _____ Fall 200__
the first semester _____ Spring 200__
you attended _____ Summer 200__

NAME: _____ Male _____ Female _____
(Last) (First) (Middle)

Social Security # or I.D.# _____ Date of Birth _____

Citizenship U.S. _____ Other (Specify) _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____ Phone: Home () _____

MEDICAL HISTORY— Have you ever had any of the following: (check if applicable)

<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Anemia	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Asthma
<input type="checkbox"/> Back Problems	<input type="checkbox"/> Chronic Cough	<input type="checkbox"/> Cancer	<input type="checkbox"/> Colitis
<input type="checkbox"/> Convulsions/Seizures	<input type="checkbox"/> Depression	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Disability
<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Chronic Hay fever	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Headache Chronic/Migraine	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Hernia
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Hemophilia
<input type="checkbox"/> Intestinal/Stomach Disorders	<input type="checkbox"/> Malaria	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Mono
<input type="checkbox"/> Menstrual Problems/Pain	<input type="checkbox"/> Orthopedic Problems	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Polio
<input type="checkbox"/> Psychological Counseling	<input type="checkbox"/> Sickle Cell Disease	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Mumps
<input type="checkbox"/> Loss of Consciousness/Fainting	<input type="checkbox"/> Sleep Disorder	<input type="checkbox"/> Stroke	<input type="checkbox"/> TB
<input type="checkbox"/> Positive TB Skin Tests	<input type="checkbox"/> Thyroid Disease	<input type="checkbox"/> Spleen Removed	<input type="checkbox"/> Measles
<input type="checkbox"/> Chronic Sinus Infections	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Chronic Bladder/Urinary Infections	

Brief Explanation of any POSITIVE Responses: _____

History of Surgery: Yes No Ongoing Medical Problems: Yes No (If Yes, List Below)

Environmental Allergies: _____

List current medications:

Medication Allergies: Yes No
(List Medication/Reaction) _____

Herbs _____

Tobacco Use: Yes No
Type _____ Frequency _____

ALL INFORMATION PROVIDED IS CONFIDENTIAL

LANGSTON UNIVERSITY MEDICAL CENTER

CERTIFICATE OF EXEMPTION

Name of Student (please print)	Date of Birth	Name of University
City	State	Zip
Social Security Number	Please indicate _____ first semester _____ attended _____	

TYPE OF EXEMPTION

1. **MEDICAL CONTRAINDICATION:**

I hereby certify that the immunization(s) specified below are medically contraindicated for Named student.

Immunization(s)	Immunization(s)
Specify Contraindications	Signature of Physician

2. **RELIGIOUS OBJECTION:**

I hereby certify that immunization is contrary to the teachings of the above named student's religion.

Signature of student or parent if student is a minor Date:

3. **PERSONAL OBJECTION:**

I hereby certify that immunization is contrary to my beliefs. I request an exemption to the immunization requirements for Oklahoma colleges and universities. I have written a brief summary of my objections in the space provided below. I understand that lost records are not grounds for an exemption. I also understand that in the event of a disease outbreak at the university, I may have to be excluded for my protection and for the protection of other students at the university.

Briefly summarize your objections in this space: _____

Signature of student or parent if student is a minor

4. Please check which immunizations this exemption applies to:

- | | |
|---|--|
| <input type="checkbox"/> MMR (Measles, Mumps and Rubella) | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Polio | <input type="checkbox"/> DtaP/TD (diphtheria, Tetanus & Pertussis) |
| <input type="checkbox"/> Meningitis (for students living in Residence Halls only) | <input type="checkbox"/> All |

Signature of student or parent if student is a minor Date:

Mail directly to: Langston University Medical Center, P.O. Box 1500, Langston, OK 73050

In Compliance with Oklahoma Statutes, Title 70 §3242
Certification of Meningococcal Compliance

Oklahoma Statutes, Title 70 §3242, requires that all students who are first time enrollees in any public or private postsecondary educational institution in this state and who reside in on0campus student housing shall be vaccinated against meningococcal disease. Institutions of higher education must provide the student or the student's parent or other legal representative detailed information on the risks associated with meningococcal disease and on the availability and effectiveness of any vaccine.

The statute permits the student or, if the student is a minor, the student's parent or other legal representative, to sign a written waiver stating that the student has received and reviewed the information provided on the risks associated with meningococcal disease and on the availability and effectiveness of any vaccine, and has chosen not to be or not to have the student vaccinated.

Student's Name:

Institution:

Birth date : _____ Term/Year of first Enrollment: _____

Social Security Number or Student ID: _____

- 1) **I have received and reviewed detailed information on the risks associated with meningococcal disease, and**
- 2) **I have received and reviewed information on the availability and effectiveness of any vaccine (against meningococcal disease), and**
- 3) **I have been vaccinated or I choose not to be vaccinated* against meningococcal disease.**

Signature: _____ **Date:** _____

When a student is under 18 years of age, the following also must be completed:

As the parent, guardian or other legal representative, I certify that the student named above is a minor and that I have received and reviewed the information provided and that I have chosen not to have the student vaccinated against meningococcal disease.

Signature: _____ **Date:** _____

*With this waiver, I seek exemption from this requirement. I voluntarily agree to release, discharge, indemnify and hold harmless Langston University, it's officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my decision not to be immunized against meningitis.

Mail directly to: Langston University Medical Center, P.O. Box 1500, Langston, OK 73050

**In Compliance with Oklahoma Statutes, Title 70 §3243
Certification of Compliance
Hepatitis B, Measles, Mumps and Rubella (MMR)**

Oklahoma Statutes, Title 70 §3243, requires that all students who enroll as a full-time or part-time student in an Oklahoma public or private postsecondary institution provide documentation of vaccinations against hepatitis B, measles, mumps and rubella (MMR).

The statute requires that Institutions notify students of the vaccination requirements and provide students with educational information concerning hepatitis B, measles, mumps and rubella (MMR), including the risks and benefits of the vaccination.

This statute permits that when the vaccine is medically contraindicated and a licensed physician has signed a written statement to that effect, such student shall be exempt from the vaccination. Further, the statute permits a student or if the student is a minor, the student's parent or other legal representative, to sign a written waiver stating that the administration of the vaccine conflicts with the student's moral or religious tenets.

Student's Name: _____

Institution: _____

Birth date: _____ Term/Year of enrollment: _____
Social Security Number or Student ID: _____

- 1) **I have been notified by my institution of the requirement that I must provide documentation of having received vaccinations against hepatitis B, measles, mumps and rubella (MMR), and**
- 2) **I have received and reviewed the educational information provided by my institution concerning hepatitis B, measles, mumps and rubella (MMR), including the risks and benefits of the vaccination, and**
- 3) **Further, I certify that: (Place a check in the applicable space below)**

_____ **I have been vaccinated and have attached documentation in support as required by Oklahoma Statute, Title 70 §3243, or**

_____ **I am exempt from the requirement and have attached a written statement from a licensed physician, which indicates that a vaccine is medically contraindicated, or**

_____ **The administration of the vaccine conflicts with my moral or religious tenets.**

Signature: _____ Date: _____

When a student is under 18 years of age, the following must be completed:

As the parent or other legal representative, I certify that the student named above is a minor and that the administration of the vaccine conflicts with my moral or religious tenets.

Signature: _____ Date: _____

Mail directly to: Langston University Medical Center, P.O. Box 1500, Langston, OK 73050